


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # A02000001308 1. Entity Name EEDV FAMILY LIMITED PARTNERSHIP, LTD.	
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Principal Place of Business 6150 DIAMOND CENTER CT, STE 1201,BLDG 1200 FORT MYERS, FL 33912	Mailing Address 6150 DIAMOND CENTER CT, STE 1201,BLDG 1200 FORT MYERS, FL 33912
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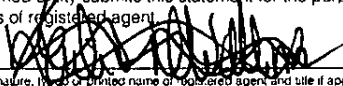
04182008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2385594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DEL VALLE, EMILIO 6150 DIAMOND CENTER CT, STE 1201,BLDG 1200 FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. for:  SIGNATURE _____ Signature, in ink or printed name of registered agent and title if applicable DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	DEL VALLE, EMILIO
STREET ADDRESS	6150 DIAMOND CENTER CT, STE 1201,BLDG 1200
CITY- ST- ZIP	FORT MYERS, FL 33912
DOCUMENT #	
NAME	
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CITY- ST- ZIP	

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05/29/08-80085-018 500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes
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SIGNATURE:

SIGNATURE AND INK OR PRINTED NAME OF SIGNING GENERAL PARTNER

EMILIO DEL VALLE, MD

4/22/08

Date

239-277-7666

Daytime Phone #

STAPLE CHECK HERE